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By: [Signature]

PATENT

Attorney Docket No.: 016354-005212US

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Keith G. Lurie

Application No.: 10/765,318

Filed: January 26, 2004

For: SYSTEMS AND METHODS FOR  
MODULATING AUTONOMIC  
FUNCTION

Customer No.: 20350

Confirmation No. 9412

Examiner: Dinnatia Jo Doster Greene

Technology Center/Art Unit: 3736

AMENDMENT

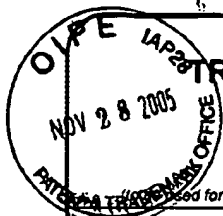
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Sir:

In response to the Office Action mailed August 25, 2005, please enter the following amendments and remarks:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 5 of this paper.



# TRANSMITTAL FORM

(Use this form for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number **10/765,318**  
 Filing Date **January 26, 2004**  
 First Named Inventor **Lurie, Keith G.**  
 Art Unit **3736**  
 Examiner Name **Dinnatia Jo Doster Greene**  
 Attorney Docket Number **016354-005212US**

## ENCLOSURES (Check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Return Postcard |
|---|--|--|

Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name **Townsend and Townsend and Crew LLP**  
 Signature \_\_\_\_\_  
 Printed name **Darin J. Gibby**  
 Date **November 22, 2005** Reg. No. **38,464**

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Signature **Connie Larson**  
 Typed or printed name **Connie Larson** Date **November 22, 2005**